



DEPARTMENT OF THE NAVY
NAVAL SERVICE TRAINING COMMAND
2601A PAUL JONES STREET
GREAT LAKES, ILLINOIS 60088-2845

5830
Ser N00/845
7 Nov 19

From: Commander, Naval Service Training Command
To: Commander, Navy Personnel Command (PERS-62)

Subj: LINE OF DUTY DETERMINATION ICO SEAMAN RECRUIT KIERRA EVANS, USN,
FOR INJURIES SUSTAINED ON OR ABOUT 22 FEBRUARY 2019

Encl: (1) NAVCRUITRACOM GREAT LAKES IL FIRST ENDORSEMENT 5830
Ser LGL/E6705 of 22 Oct 19

1. I concur with and approve the determination in enclosure (1) that SR Evans died in the line of duty, not due to the member's own misconduct.

2. The point of contact in this matter is (b) (6)(b) (6)(b) (6) Recruit Training Command, Staff Judge Advocate. He can be reached at (847) 688-4791 (b) (6) or email at (b) (6)(b) (6)(b) (6)


MILTON J. SANDS III

Copy to:
NAVCRUITRACOM GREAT LAKES IL
(b) (6)(b) (6)



DEPARTMENT OF THE NAVY

RECRUIT TRAINING COMMAND
3355 ILLINOIS STREET
GREAT LAKES, IL 60088-3127

IN REPLY REFER TO

5830

Ser LGL/E6705

22 Oct 19

FIRST ENDORSEMENT on (b) (6)(b) (6) ltr of 16 Oct 19

From: Commanding Officer, Recruit Training Command

To: Commander, Naval Service Training Command

Subj: LINE OF DUTY DETERMINATION ICO SR KIERRA EVANS, FOR INJURIES
SUSTAINED ON OR ABOUT 22 FEBRUARY 2019

1. Forwarded. I concur with the Investigating Officer's findings that SR Evans' death incurred in the line of duty, not due to the member's own misconduct.

E. M. THORS

FOR OFFICIAL USE ONLY – PRIVACY ACT SENSITIVE

16 Oct 19

From: (b) (6)(b) (6)(b) (6) USN
To: Commanding Officer, Recruit Training Command
Subj: LINE OF DUTY INVESTIGATION INTO THE DEATH OF SR KIERRA EVANS,
USN
Ref: (a) JAGINST 5800.7F
Encl: (1) Appointing Order dtd 25 Feb 19
(2) Extension Letter dtd 16 Oct 19
(3) Excerpt from NCIS Report of Investigation (Interim) dtd 11 Oct 19
(4) Coroner's Report
(5) Voluntary Statement of (b) (6)(b) (6) USN
(6) Voluntary Statement of (b) (6)(b) (6) USN
(7) Voluntary Statement of (b) (6) USN

Preliminary Statement

1. Pursuant to enclosure (1) and in accordance with reference (a), this Line of Duty Investigation inquired into the circumstances surrounding the death of SR Evans, USN, to make a determination as to whether her death occurred while she was acting in the line of duty.
2. This investigation was delayed, while awaiting the release of information from the Coroner's Report. [Enclosure (2), (4)]
3. During the course of this investigation I consulted with (b) (6)(b) (6) JAGC, USN; (b) (6) (b) (6) JAGC, USN; and (b) (6) JAGC, USN assigned to Region Legal Service Office Midwest.

Findings of Fact

1. On 22 February 2019, SR Evans collapsed after completing her final Physical Fitness Assessment within Freedom Hall Gym. SR Evans was pronounced deceased at 2152 on 22 February 2019. [Enclosure (3)]
2. Per the Coroner's Report, SR Evan's cause of death was exertional rhabdomyolysis with sickle cell trait being deemed a significant contributory condition. The report commented that individuals with sickle cell trait are at an increased risk of exertional rhabdomyolysis following strenuous exercise. [Enclosure (4)]
3. Per the voluntary statement from Recruit Division Commander (b) (6)(b) (6) SR Evans was a professional and motivated recruit with no issues that would suggest any concerns of intentional self-harm or misconduct prior to her Physical Fitness Assessment. [Enclosure (5)]

Subj: LINE OF DUTY INVESTIGATION INTO THE DEATH OF SR KIERRA EVANS,
USN

4. Per the voluntary statement from Recruit Division Commander (b) (6)(b) (6) SR Evans was a great recruit and did not display any intentional self-harm or willful negligence to her own wellbeing during the Physical Fitness Assessment. [Enclosure (6)]

5. Per the voluntary statement from on-site Corpsman (b) (6) SR Evans did not display any intentional self-harm or willful negligence to her own wellbeing during the Physical Fitness Assessment. [Enclosure (7)]

Opinions

(b) (5)(b) (5)(b) (5)(b) (5)

(b) (6)

(b) (6)

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2 of 2



DEPARTMENT OF THE NAVY
RECRUIT TRAINING COMMAND
3355 ILLINOIS STREET
GREAT LAKES, IL 60088-3127

IN REPLY REFER TO
5800
Ser LGL/E1275
25 Feb 19

From: Commanding Officer, Recruit Training Command
To: (b) (6)(b) (6) USN

Subj: LINE OF DUTY INVESTIGATION INTO THE DEATH OF SR KIERRA EVANS, USN

Ref: (a) JAGMAN (2012)

1. This appoints you, per Chapter II of reference (a) to conduct a line of duty investigation into the death of SR Kierra Evans, USN.
2. Investigate the circumstances that lead to the death of SR Evans and make a recommendation as to whether her death occurred while she was acting in the line of duty as defined by reference (a). Report your summary of findings and recommendations to me in letter form by 25 March 2019, unless an extension of time is granted. If you have not previously done so, read Chapter II, Part E of reference (a) in its entirety before beginning your investigation.
3. You may seek legal advice from the Recruit Training Command Staff Judge Advocate, (b) (6)(b) (6)(b) (6) during the course of your investigation. He may be reached at 847-688-44949 (b) (6) or by email at (b) (6)(b) (6)(b) (6)


E. M. THORS

Copy to:
RTC Legal



DEPARTMENT OF THE NAVY
RECRUIT TRAINING COMMAND
3355 ILLINOIS STREET
GREAT LAKES, IL 60088-3127

IN REPLY REFER TO
5800
Ser LGL/E6616
16 Oct 19

From: Commanding Officer, Recruit Training Command
To: (b) (6)(b) (6) USN

Subj: LINE OF DUTY DETERMINATION ICO SR KIERRA EVANS

Ref: (a) CO, RTC ltr Ser LGL/E1275 of 25 Feb 19

1. Per reference (a), you were appointed to conduct a line of duty investigation regarding the death of SR Kierra Evans and report your findings by 25 Mar 19. Due to the unavailability of the coroner's report, your new deadline to report your findings is 17 Oct 19.
2. The point of contact for this matter is Recruit Training Command Deputy Staff Judge Advocate, (b) (6)(b) (6). He may be reached at 847-688-4791 (b) (6) or by email at (b) (6)(b) (6)(b) (6).

(b) (6)

By direction

Copy to:
RTC Legal

10/9/2019

[Non-DoD Source] Autopsy findings on SR Evans (b) (7)(C)

[Non-DoD Source] Autopsy findings on SR Evans

(b) (6)(b) (6)(b) (6) FHCC Lovell <(b) (6)(b) (6)(b) (6)>

Wed 10/9/2019 2:29 PM

Inbox

To: (b) (7)(C)(b) (7)(C)(b) (7)(C); (b) (7)(C) - GOV <(b) (7)(C)(b) (7)(C)>;

Gentlemen,

After review of the records you provided me I can say the following.

SR Evans had a Hemoglobin A1 of 57 %, Hemoglobin A2 of 4 % and Hemoglobin S of 39%. What this means is that she has 39% hemoglobin S in her blood which gives her a diagnosis of sickle cell trait. The Navy allows recruits to continue training as long as their hemoglobin S is 45% or below.

The autopsy report states that Pathologic Findings include:

- Sickle cell trait (Hemoglobin S of 39% per medical records)
- Rhabdomyolysis diagnosed in the hospital (CK level 1591), hyperkalemia and multiorgan failure
- Cerebral edema
- Negative viral cultures and toxicology
- Cardiac pathology: Idiopathic left ventricular hypertrophy
Posterior left ventricle with wavy fiber change
No acute or chronic changes seen

Cause of Death – exertional rhabdomyolysis. Sickle cell trait is deemed a significant contributory condition.

To discuss these findings I would like to begin with the rhabdomyolysis diagnosis. It was assumed that SR Evans was in rhabdomyolysis due to the renal failure and hyperkalemia. The CK level is elevated at 1591 per the autopsy report. It is true that rhabdomyolysis can be considered if the CK level is five times the normal limit. However, in most cases of rhabdomyolysis the CK levels are 100 times more or greater. I would expect the CK level to be higher if the rhabdomyolysis was being the causative event that led to the renal failure. Renal failure can be due to several reasons. Rhabdomyolysis is one of the reasons for renal failure but it also could be due to hypoperfusion from a cardiac event such as SR Evans coding several times during the hospital course. The hyperkalemia can be caused by several factors as well. Rhabdo can increase potassium, post exercise induced hyperkalemia and renal failure will elevate a persons potassium.

The cerebral edema is due to SR Evans surviving a period of time and being placed on a ventilator.

Cardiac pathology findings are significant for left ventricular hypertrophy. This means that the left side of the heart had enlarged muscle fibers which is seen microscopically by wavy fiber change. The pathologist does not say there are fiber disarray which you would see in hypertrophic cardiomyopathy. However, just with the measurements of the left free wall (1.5cm) and septum (1.8 cm) this is significant hypertrophy that can possibly lead to a cardiac arrhythmia.

Let me know if there is anything else you need in regards to this case.

V/R
Sean

(b) (6)(b) (6)
(b) (6) MC, USN

ENCLOSURE, A :

<https://webmail16.ncl.navy.mil/owa/#viewmodel=ReadMessageItem&ItemID=AAMkAGQ2YzEzNGI5LWE2NjQ1NDY0NS1ZjU3LWNhMjM5MTI0ODI4...>

Enclosure (1/2)

066.DoN-Navy-2020-002245

10/9/2019

Regional Medical Examiner

[Non-DoD Source] Autopsy findings on SR Evans - (b) (7)(C)

Resulted Labs

Wet Prep+KOH Prep on 14 Feb 2019

Collection Date: 14 Feb 2019 Site/Specimen: ENDOCERVIX
Ordering Clinician: (b) (6)(b) (6)
Comment:
Chem

Name	Value	Units	Range	Abnormal
Clue Cells	Present		(NoneSeen)	
Fungal Smear	Present		(NoneSeen)	
Trichomonas vaginalis	None Seen		(NoneSeen)	

hCG Qual Urine on 14 Jan 2019

Collection Date: 14 Jan 2019 Site/Specimen: VOIDED URINE
Ordering Clinician: (b) (6)(b) (6)
Comment:
Chem

Name	Value	Units	Range	Abnormal
hCG	NEG		(NEG)	

Recruit Screening Panel on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: SERUM
Ordering Clinician: (b) (6)(b) (6)
Comment: 123
Chem

Name	Value	Units	Range	Abnormal
Hepatitis B Virus Surface Ab	Negative			
Hepatitis B Virus Surface Ag	Negative			
Hepatitis C Virus Ab	Negative			
HIV-1/0/2 Ag+Ab	Negative			

Hemoglobinopathy Panel on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: BLOOD
Ordering Clinician: (b) (6)(b) (6)
Comment:
Chem

Name	Value	Units	Range	Abnormal
MCH	27.9	pg	27.0-33.0	
RBC	4.27		3.80-5.10	
Hemoglobin	11.9	g/dL	11.7-15.5	
Hematocrit	35.4	%	35.0-45.0	

MCV	82.9	fL	80.0-100.0	
RDW CV	15.3	%	11.0-15.0	Higher Than Normal
Hemoglobin A1	57.0	%	>96.0	Lower Than Normal
Hemoglobin F	<1.0	%	<2.0	Normal

Interpretation:

REFERENCE RANGES:

0-3 Months: 40.0-85.0%
 >3-6 Months: 8.0-40.0%
 >6 Months-1 Year: <8.0%
 >1 Year: <2.0%

Hemoglobin A2	4.0	%	1.8-3.5	Higher Than Normal
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Interpretation:

REFERENCE RANGES:

0-1 Month: <1.0%
 >1 Month-3 Months: <2.3%
 >3-6 Months: <2.5%
 >6-12 Months: <2.7%
 >1 Year: 1.8-3.5%

Hemoglobin S	39.0	%		Higher Than Normal
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Interpretation 12 **SEE NOTE**

Immunity Panel on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: SERUM
 Ordering Clinician: (b) (6)(b) (6)
 Comment: 123
 Chem

Name	Value	Units	Range	Abnormal
Hepatitis A Virus Ab	NON-REACTIVE		NON-REACTIVE	
Varicella Zoster Virus Ab IgG	221.40	Index		

Interpretation:

Index Interpretation
 < 135.00 Negative
 135.00 - 164.99 Equivocal
 >=165.00 Positive

Rubella Virus Ab IgG	3.09	Index		
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Interpretation:

Rubella Virus IgG Reference Range:

Medical Record

Evans, Kierra Deanquanette DOB: 18 Oct 1998 SSN: ***-(b) (6) DoD ID: (b) (6) Created: 27 Feb 2019

Index	Interpretation
<0.90	Not consistent with Immunity
0.90-0.99	Equivocal
>=1.00	Consistent with Immunity

Rubeola Virus Ab IgG 148.00 AU/mL

Interpretation:

Index	Interpretation
< 25.00	Not consistent with Immunity
25.00-29.99	Equivocal
> 29.99	Consistent with Immunity

Hepatitis B Virus Surface Ab <5 mIU/mL > OR = 10 Lower Than Normal

Syphilis CIA Screen on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: SERUM
 Ordering Clinician: (b) (6)(b) (6)(b) (6)
 Comment: 123
 Chem

Name	Value	Units	Range	Abnormal
Syphilis (CIA) Screen	Non-react			

Chlamydia+Gonococcus DNA Probe on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: VOIDED URINE
 Ordering Clinician: (b) (6)(b) (6)
 Comment: 123
 Chem

Name	Value	Units	Range	Abnormal
Neisseria gonorrhoeae rRNA	NEGATIVE		(NEGATIVE)	

Interpretation:

Test performed by PCR

Chlamydia trachomatis rRNA NEGATIVE (NEGATIVE)

Interpretation:

Test performed by PCR

1523 Inprocessing Panel on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: BLOOD
 Ordering Clinician: (b) (6)(b) (6)
 Comment: 123

Chem

Name	Value	Units	Range	Abnormal
ABO Group+Rh Type	A POSITIVE			
Glucose-6-Phosphate Dehydrogenase	NORMAL			

Interpretation:

G6PD Test was developed and its performance characteristics determined by CAPT JAMES A LOVELL FHCC [CLIA# 14D0988156]. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Sickle Cell Screen POSITIVE

Critical High

Interpretation:

This Sickle Screen test was developed and its performance characteristics determined by CAPT JAMES A LOVELL FHCC +[CLIA# 14D0988156]. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Chem Panel on 04 Jan 2019

Collection Date: 04 Jan 2019 Site/Specimen: PLASMA
 Ordering Clinician: SELLERS, JORDAN W
 Comment: 123

Name	Value	Units	Range	Abnormal
Glucose	86	mg/dL	(70-99)	
hCG Beta Subunit	<1	mIU/mL	(1-4)	

***** End of Resulted Labs *****

VOLUNTARY STATEMENT

1. PLACE

USS IOWA CONFERENCE RM

2. DATE

16 OCT 19

I, (b) (6)(b) (6)(b) (6), make the following

free and voluntary statement to (b) (6), whom I know to be the Line of Duty Investigation Officer.

I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of the death of SR Kierra Evans.

SR EVANS WAS ASSIGNED TO MY DIVISION FOR A SHORT TIME BEFORE RUNNING THE OFFICIAL PFA. IN THE SHORT TIME I KNEW HER, SHE ALWAYS DISPLAYED PROFESSIONALISM AND MOTIVATION. TO THE BEST OF MY KNOWLEDGE SR EVANS DID NOT PARTICIPATE IN ANY ACTIVITIES OUTSIDE OF REQUIRED RTC STANDARDS. TO THE BEST OF MY KNOWLEDGE SR EVANS WAS OF SOUND MIND AND ~~WAS~~ DID NOT ACT OUT OF NORMS FOR A RECRUIT OF RTC.

(b) (6)

) (6) USN

VOLUNTARY STATEMENT

1. PLACE

PACFLT DRILL HALL

2. DATE

16 OCT 19

I, (b) (6)(b) (6)(b) (6)(b) (6), make the following free and voluntary statement to (b) (6), whom I know to be the Line of Duty Investigation Officer. I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of the death of SR Kierra Evans.

SR EVANS WAS NOTHING BUT A GREAT HELP TO THE DIVISION AS SHE ASMO'D IN. SEEMED LIKE SHE FIT RIGHT IN. SHE WAS A BIG HELPER AND ALWAYS TAUGHT OTHERS WHAT SHE LEARNED IN HER OLD DIVISION. SR WAS ALWAYS MOTIVATED AND HAPPY THROUGHOUT THE DIVISION, EVEN DURING OUR RUN. SHE NEVER GAVE UP!

(b) (6)

(b) (6)

VOLUNTARY STATEMENT

1. PLACE

Phonecon

2. DATE

16 OCT 19

I, (b) (6)(b) (6)(b) (6)(b) (6), make the following free and voluntary statement to (b) (6)(b) (6)

(b) (6), whom I know to be Line of Duty Investigation Officer. I make this statement of my own free will and without any threats or promises extended to me. I fully understand that this statement is given concerning my knowledge of the death of SR Kierra Evans.

On the day that SR Evans collapsed in Freedom Hall, she arrived with her new division and formed up on track 1, spot 1. Before commencing her Official PRT, she dressed out along with her fellow recruits and performed the warm-up exercises, curl-ups, and push-ups. After her push-ups, she hydrated, as required of all Sickie cell and G6PD recruits. Completed and passed her 1.5-mile run without any signs of difficulty or distress. However, halfway through her cooldown lap, she sat against the East bulkhead and was instructed to continue her cooldown lap by her RDC's, which she did after they assisted her up. I assessed her for pain, difficulty breathing, and chest pain. She responded, "I just needed some water." Her RDC's escorted her to the Northside scuttlebutt, where I encouraged her to hydrate; she nodded her head began hydrating. One of her RDC's stayed with her as she hydrated, and I responded to another medical emergency. Within maybe 2-3 minutes, the RDC that was with SR Evans called me and told me that she had collapsed and was cold. I immediately instructed the Class Leader to call 911 as I grabbed the AED and returned to SR Evans side along with (b) (6)(b) (6) and began CPR. According to my knowledge and observation, SR Evans's actions and conduct were in line with her assigned duties.

(b) (6)

(b) (6)(b) (6)(b) (6)(b) (6)(b) (6) USN

(b) (6)